PHYSICIAN’S ORDERS
OPEN HEART SURGERY – PRE-OP

"Draw a line through orders that are not to be implemented. If a check box is present, it must be √ if the order is to be implemented. If a (blank) is present, it must be filled in with an amount/frequency or type to implement the order."

ADMIT:

☐ Inpatient
☐ Inpatient on Operative date: __________________________

Note: Must obtain outpatient prescriptions for any medications

LABS/BLOOD/OTHER STUDIES:

1. ☐ Platelet Function Screen
2. ☐ P2Y12 (to evaluate platelet reactivity with Plavix/Effient)
3. Urinalysis with microscopic (UAXM). Culture if indicated (CULIF).
   Urine pregnancy testing is required within two days on female patient’s ages 11 – 54 years of age per protocol. PT, PTT, CBC without differential (CBC), BMP (BMPG) and HgbA1c (GLYCO)
4. Other Labs:
   If above labs are done prior to admission, assure results are placed in patient’s current chart
5. Type and Cross-match (check for pt’s objection to blood products): ________ units PRBC ________ units Cryoprecipitate ________ units FFP ________ units Platelets (single donor if available)
6. ECG within 10 days (copy in chart if done prior to admission)
7. CXR (PA and lateral, portable if patient in ICU) within 30 days if film on-site. Copy of report in current chart.
8. If film not available obtain CXR (PA + Lateral)
9. ☐ Carotid duplex scan. Indication: __________________________
10. Other: __________________________

DIET:
1. NPO after midnight prior to surgery

NURSING:
1. Old charts to floor and to surgery with patient
2. Complete pre-operative open-heart teaching
3. Enter Meditech Order for OR to clip and prep chest, abdomen, groin (not pubis), and lower extremities to ankle on operative day. HUC initial/date/time entry __________________________
4. Shower (or sponge bath if not ambulatory) night before surgery
5. Check oral temperature at 0530 and report to surgeon immediately if over 100.5°F
6. Have ICD turned off in holding area for patient with ICD

RESPIRATORY:
1. ☐ ABG on room air
2. ☐ PFT: Screening Spirometry
3. Room air SaO2. Notify MD if less than 90%. Baseline IS, document.
4. Nursing to educate for IS CDB. Document baseline IS.

IV:
1. Morning of surgery start Normal Saline IV at 75 mL/hr using minimum 18g needle. (Start by 0530 for first case, all others by 0800)
2. No IV starts or A-line in: ☐ Right arm ☐ Left arm (Apply “No Venipuncture” band)

MEDICATIONS:
1. Metoprolol (Lopressor) 12.5 mg PO in SAU prior to surgery if the patient hasn’t taken their beta blocker the morning of surgery
   May take with sip of water. Hold for HR less than 55 bpm, SBP less than 90 mm Hg, if on vasopressors or bronchospasm present. Document last dose in Meditech home medications screen
2. Cefazolin (Ancef) 1 gm IV over 5min (If greater than 80kg or 176lbs, give 2 gm IV over 10min).
   Complete infusion within 30min prior to incision.
   If patient is allergic to Cephalosporins or has a history of anaphylaxis to Penicillin (tongue/throat swelling or shortness of breath), then give:
   Vancomycin 1 gm IV over 60min
   (If greater than 100kg or 220lbs, give 1.5 gm IV x 1 dose). Complete infusion within 60min prior to incision.
3. On admission to SAU initiate Insulin Infusion Orders: Adult (DR60). Scan to Pharmacy.
4. On ICU/CICU patients, initiate ICU Intensive Insulin Infusion Therapy - Adult (DR260) at 1500 the day prior to surgery. Scan to Pharmacy.
5. On other adult inpatient units, check the blood glucose at 1700, 2200 and 0400 on all patients prior to surgery.
   If blood glucose is greater than 180 mg/dL at 1700; greater than 140 mg/dL at 2200; or greater than 130 mg/dL at 0400, initiate Insulin Infusion Orders: Adult (DR60). Scan to Pharmacy.
6. ☐ Hold Aspirin the morning of surgery
7. ☐ Zolpidem (Ambien) 5 mg PO qHS pm insomnia. May repeat x1. Max dose = 5 mg if greater than 65yrs.
8. Famotidine (Pepcid) 40 mg PO at HS the night before surgery, if not currently on H2 or PPI (Proton Pump Inhibitor) therapy
9. Premed in holding area per anesthesiologist unless otherwise ordered

_________________________  __________________________  __________________________
Physician Signature                          Date                                                   Time

Patient Identification/Label

OPEN HEART SURGERY – PRE-OP
Page 1 of 2
PRE-OP OPEN HEART SURGERY PHARMACY COMMUNICATION

This page to be scanned to pharmacy at time of patient’s transfer to OR for Open Heart Surgery.

ATTENTION PHARMACY:

1. PATIENT BEING TRANSFERRED TO OR FOR OPEN HEART SURGERY AT THIS TIME.

2. DISCONTINUE ALL MEDICATION ORDERS ON THIS PATIENT PER OPEN HEART SURGERY – PRE-OP ROUTINE ORDERS (DR105).

Date: ___________________ Time Scanned: ___________ Scanned by: ____________________